

### **Monthly Payments (Foster Home and Kinship Care)**

**Topic:** FM02- Issue/Reconcile Checks

**Report ID:** FM0203W

**Report Content:** This report shows Counts and Dollar Totals of Foster Home and Kinship Care, by Gender, Age Group. Also, for Kinship Care only this report shows Counts and Dollar amounts by Court Ordered vs. Non-Court Ordered.

**Dependencies:** None

**Frequency:** Monthly

**Runtime Parameters:** From Date, To Date, County Code or 'ALL' for all Counties.

**Selection Criteria:** Refer to Report Input Detail section below for the selection criteria

**Sort Criteria:** By County

**Level Breaks:** Page Break by County

**Output Data:** This report lists Foster Care and Kinship Care Payment counts and totals by specific Child characteristics.

**Audience:** Management.

**Business Intent:** Provide information to management.

Date: MM/DD/YYYY  
Time: HH:MM pm

Wisconsin Dept. of Health and Family Services  
Division of Children and Family Services

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**Monthly Payments (Foster Home and Kinship Care)**

For Report Month: MMM/YYYY

County: XXXXXXXXXXXX

	Foster Home		Kinship Care		Totals	
	Number of Children	Payment Totals	Number of Children	Payment Totals	Number of Children	Payment Totals
<b>By Gender</b>						
Male	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX
Female	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX
Unknown	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX
<b>By Age Group</b>						
0-4 years old	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX
5-11 years old	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX
12-14 years old	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX
15+ years old	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX
<b>By Court Order</b>						
Court Ordered	N/A	N/A	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX
Non Court Ordered	N/A	N/A	XXXX	\$X,XXX,XXX	XXXX	\$X,XXX,XXX